

(PRINT TYPE ABOVE— Electrical, Plumbing, HVAC or Gas)

Fax (843) 719-7902

Issue Date _____

Job Address _____ **Date** _____
Owners Name _____ **TMS # (Required)** _____
Applicant _____ ☐ Owner ☐ Contractor ☐ Architect
 (if different from above)
Applicant Address _____
 _____ Street _____ State _____ Zip _____
Applicant Phone # (____) _____ **Fax #** (____) _____
State Lic # _____ **Type** _____
Provide copy of licenses for file

Describe Work _____

Contract amount \$_____

I have supplied a list of sub-contractors working on the job. It is the contractors responsible to insure that all sub-contractors have the appropriate business or professional licenses. Failure to do so could result in shutting the job down and delaying the Certificate of Occupancy.

Building Dept. _____
Signature Date

Owner Signature _____ Date _____

Last update 6/2007